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Bib Data Sheet

CONFIRMATION NO. 6770

|   |   |   |                           |                                       |   |                            |
|---|---|---|---------------------------|---------------------------------------|---|----------------------------|
| SERIAL NUMBER<br>10/788,713   | FILING DATE<br>02/27/2004<br>RULE   | CLASS<br>604  | GROUP ART UNIT<br>3763    | ATTORNEY<br>DOCKET NO.<br>700250-1002 |   |                            |
| APPLICANTS<br><br>Christian John Greenfield, Santa Barbara, CA;   |   |   |                           |                                       |   |                            |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/231,827 08/30/2002 ABN                             |   |   |                           |                                       |   |                            |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |   |                           |                                       |   |                            |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b><br><b>** 05/21/2004</b>                         |   |   |                           |                                       |   |                            |
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met<br>Verified and Acknowledged<br>Examiner's Signature      |   | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>4                | TOTAL<br>CLAIMS<br>35   | INDEPENDENT<br>CLAIMS<br>5 |
| <b>ADDRESS</b><br>Michael A. O'Neil<br>Michael A. O'Neil, P.C.<br>5949 Sherry Lane, Suite 820<br>Dallas , TX<br>75225 |   |   |                           |                                       |   |                            |
| <b>TITLE</b><br>Syringe for sequential delivery of different fluids   |   |   |                           |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                            |
| FILING FEE<br><br>RECEIVED<br>606   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |   |                           |                                       |   |                            |